

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

Attachment 1  
OMB No. 1510-0056  
Expiration Date 06/30/93

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY

Department of the Interior, U.S. Fish and Wildlife Service

AGENCY IDENTIFIER:

FWS

AGENCY LOCATION CODE (ALC):

14-16-0006

ACH FORMAT:

☒ CCD+

☐ CTX

☐ CTP

ADDRESS:

Fish and Wildlife Fiscal Services Unit, DASC

Denver, Colorado 80227-2070

CONTACT PERSON NAME:

Barbara Williams

TELEPHONE NUMBER

( 303 ) 969-5763

ADDITIONAL INFORMATION:

INCLUDE CCMail ADDRESS HERE

**PAYEE/COMPANY INFORMATION**

NAME

TO BE COMPLETED BY EMPLOYEE

SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME:

EMPLOYEE'S NAME

TELEPHONE NUMBER:

( )

**FINANCIAL INSTITUTION INFORMATION**

NAME:

TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

( )

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐ CHECKING

☐ SAVINGS

☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:  
(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

( )